

(Includes STi-P3 Cathodic Protection Systems and Metallic Flex-Connectors Protected with Anodes)

FOR TESTER USE ONLY:

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367**

**Phone: 785 296-8061
Fax: 785 296-6190**

Date of Test _____
Tester I.D. _____
Company I.D. _____

A. Facility Name:

B. Facility Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) _____ - _____

A. Owner Name:

B. Owner Address: _____
(street) (city) (state) (zip)

C. Owner Contact Person: _____ Phone: (____) _____ - _____

A. **Year** of installation of affected tank(s): _____, _____ lines(s) _____ or flex connector(s) _____

B. Line type: (circle) ° Bare steel Galv Flex Connector Other

C. Other Information:

IV. Structure to Soil Potential Readings for Tanks and Lines.

Tank/Line Number	Tank Size	Tank Type (StiP3,steel)	Fuel Type	Product Line	S or E End of Tank	Center of Tank	N or W End of Tank

System continuity check: System is/ is not electrically continuous.

V. Structure to Soil Potential Readings for Metallic Flex-Connectors Protected with Anodes.

Tank/Line Number	Tank Size	Fuel Type	Below Dispensers	At Submersible Pumps

VI. Certification: I hereby certify that the minimum system potential requirements for Sacrificial/STI-P3 Cathodic Protection_____ have been met/_____ have not been met (check one) for the systems referenced above; taken in accordance with the minimum standards of the National Association of Corrosion Engineers, as done to comply with the U.S. Environmental Protection Agency under 40 CFR 280 and the requirements of KDHE. The Sacrificial Anode Cathodic Protection was installed on this date: _____.

Contractor Signature _____ **Date:** _____